



Division of Health Professions Licensure
Board of Registration in Pharmacy
239 Causeway Street, Suite 500, Boston, MA 02114

Tel: 617-973-0960 Fax: 617-973-0980
www.mass.gov/dph/boards/pharmacy

LICENSEE REQUEST FOR FACILITY INSPECTION

Facility Name (as it appears on license) _____

Massachusetts Board of Registration in Pharmacy license number _____

Facility Address _____ Zip _____

Email address (required) _____

Purpose of Inspection: APPLICATION for license in another state _____

RENEWAL of license in another state _____

OTHER (describe) _____

Facility Type:

Community Pharmacy (NO 797 compounding) _____

Community Pharmacy (WITH 797 compounding) _____

Wholesale Distributor _____ Nuclear Pharmacy _____

Name of Requestor _____ Date _____

You will receive an e-mail message confirming receipt of this Request for Inspection. **Within 90 days, a Board inspector will conduct an unannounced inspection of the facility.** Please be advised that The Board will not consider any exceptions to this timeline or process.

Please include a check (\$15 per Certified Statement) made payable in one check to the Commonwealth of Massachusetts and mail with this form to Lau Kwan at the address above.

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Date Received _____ Check amount _____ Check # _____ Receipt # _____